

Hawaii Statewide Medicaid Managed Care Includes Hawaii Medicaid and Long-Term Services and Supports (LTSS) Care

Effective August 1, 2023

Overview

The table below outlines the behavioral health services that require prior authorization for the Hawaii Statewide Medicaid Managed Care contract.

Please check this list before you provide services to UnitedHealthcare Community Plan members. Additional information about prior authorization for behavioral health services can be found in the Optum Behavioral Health [National Network Manual](#) (pages 38-40). If you have additional questions, please call the Customer Service number on the back of the member’s ID card.

Note: All out-of-network (non-participating) providers must obtain prior authorization approval before providing behavioral health services. Prior authorization is not required when rendering emergency services.

Service Description	Revenue Codes	Modifiers	Additional Information
MH Inpatient	114		
MH Inpatient	124		
MH Inpatient	134		
MH Inpatient	144		
MH Inpatient	154		
MH Inpatient	204		
MH Inpatient Dual Diagnosis	114		
MH Inpatient Dual Diagnosis	124		
MH Inpatient Dual Diagnosis	134		
MH Inpatient Dual Diagnosis	144		
MH Inpatient Dual Diagnosis	154		
MH Inpatient Dual Diagnosis	204		
ECT Outpatient	901		
MH Partial Adult	912		
MH Partial Eating Disorder	912		
MH Partial Dual Diagnosis	912		
MH IOP	905		
MH IOP Eating Disorder	905		

Service Description	Revenue Codes	Modifiers	Additional Information
SA Inpatient Detox	126		
SA Inpatient Detox	136		
SA Inpatient Detox	146		
SA Inpatient Detox	114		
SA Inpatient Detox	134		
SA Inpatient Detox	144		
SA Inpatient Detox	154		
SA Inpatient Detox	204		
SA Inpatient	126		
SA Inpatient	124		
SA Detox Residential	126		
SA Residential	1002		
SA Partial	912		
SA IOP	906		
Service Description	Procedure Codes	Modifiers	Additional Information
H0020 Methadone Treatment Program	H0020		
Therapeutic repetitive transcranial magnetic stimulation treatment; planning	90867		
Therapeutic Repetitive Transcranial magnetic stimulation treatment; delivery and management, per session 1 VISIT	90868		
Therapeutic Repetitive Transcranial Magnetic Stimulation (TMS) treatment; subsequent motor threshold Re-determination with delivery and management 1 VISIT	90869		
Psychological testing evaluation	96130	AH, TD, AJ	
Psychological testing evaluation	96131	AH, TD, AJ	
Psychological & Neuropsychological testing administration/scoring	96136		Auth Required only if the administration / scoring codes are submitted with Psychological Testing Eval Codes 96130 and 96131
Psychological & Neuropsychological testing administration/scoring	96137		
Psychological & Neuropsychological testing administration/scoring	96138		
Psychological & Neuropsychological testing administration/scoring	96139		
adaptive behavior treatment by protocol tech, 15 min	97153	HP, HO, HN, HM	

Service Description	Procedure Codes	Modifiers	Additional Information
Group Adaptive Behavioral Treatment by a protocol tech, 15 min	97154	HM	
Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, which may include simultaneous direction of technician, face-to-face with one patient, 15 minutes	97155	HP, HO, HN	
Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional (with or without the patient present), face-to-face with guardian(s)/caregiver(s), 15 minutes	97156	HP, HO, HN	
Multiple-family group adaptive behavior treatment guidance, administered by physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of guardians/caregivers, each 15 minutes	97157	HP, HO, HN, UN, UP, UQ, UR, US	
Group adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, face-to-face with multiple patients, 15 minutes	97158	HP, HO, HN, UN, UP, UQ, UR, US	
Adaptive behavior treatment with protocol modification, each 15 minutes of technicians' time face-to-face with a patient, requiring the following components: administration by the physician or other qualified health care professional who is on site; with the assistance of two or more technicians; for a patient who exhibits destructive behavior; completion in an environment that is customized to the patient's behavior	0373T	HP, HO, HN, HM	